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Attorney Docket No. 35417-8003.US00

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on:

Date: February 15, 2007

By: *Susan L. Baka*

Susan L. Baka

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF:

GANAPATHY ET AL.

APPLICATION NO.: 10/786,346

FILED: February 24, 2004

FOR: SYSTEM AND ARCHITECTURE
FOR MANAGING DISTRIBUTED
DESIGN CHAINS (AS AMENDED)

EXAMINER: FERGUSON, DENISE

ART UNIT: 3623

CONFIRMATION No: 3841

**Transmittal of Petition to Revive Unintentionally
Abandoned Application Under 37 C.F.R. § 1.137(b)**

Mail Stop Petition
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

1. Transmitted herewith are the following:

- ☒ Petition to Revive Unintentionally Abandoned Application;
- ☒ Amendment & Response
- ☒ Return Postcard.

2. Conditional Petition for Extension of Time:

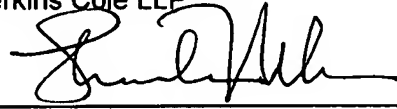
Applicant petitions for an Extension of Time, if necessary, for timely submission of this transmittal and enclosures.

05/13/2007 CXL0K
00000002 502207 10786346
510.00 CR

3. Provisional Fee Authorization

Please charge \$750.00 for filing fee and any underpayment in fees for timely filing of this transmittal and enclosures to Deposit Account No. 50-2207.

Respectfully submitted,
Perkins Coie LLP



Shaalu Mehra
Registration No. 44,934

Date: February 15, 2007

Correspondence Address:

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(650) 838-4300

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND				
1 Date of Request: <u>6-15-07</u>		2 Serial/Patent # <u>10/786,346</u>		
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
	Filing			\$
	Amendment			\$
	Extension of Time		2-21-07	\$ 510
	Notice of Appeal/Appeal			\$
	Petition			\$
	Issue			\$
	Cert of Correction/Terminal Disc.			\$
	Maintenance			\$
	Assignment			\$
	Other			\$
			7 TOTAL AMOUNT OF REFUND	\$ 510
8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check		
	Overpayment	Credit Deposit A/C #:		
	Duplicate Payment	9 5 0 -- 2 2 0 7		
	No Fee Due (Explanation):			
<div style="font-family: cursive; font-size: 1.2em;">Extension not necessary.</div>				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME: <u>Karen Creasy</u>		TITLE: <u>Petitions Examiner</u>		
SIGNATURE: <u><i>K Creasy</i></u>		PHONE: <u>2-3208</u>		
OFFICE: <u>Petitions</u>				

THIS SPACE RESERVED FOR FINANCE USE ONLY:				
APPROVED: <u><i>CKHOK</i></u>		DATE: <u>6/18/07</u>		

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